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K Cooper  
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PTO/SB/30 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Request  
For  
Continued Examination (RCE)  
Transmittal**

Address to:  
Commissioner for Patents  
Box RCE  
Washington, DC 20231

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/077,907        |
| Filing Date            | February 20, 2002 |
| First Named Inventor   | Tomohiro Chiba    |
| Art Unit               | 3743              |
| Examiner Name          | L. Leo            |
| Attorney Docket Number | 018842.1204       |

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**1. Submission required under 37 CFR 1.114**

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on July 14, 2003  
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Rely Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/ Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_

**2. Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other \_\_\_\_\_

**3. Fees**

- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- The Director is hereby authorized to charge the following fees, or credit any overpayments, to
- a. ☐ Deposit Account No. \_\_\_\_\_
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other \_\_\_\_\_
- b. ☒ Check in the amount of \$ 750.00 enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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750.00 OP ✓

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                   |                   |                                   |                 |
|-------------------|-------------------|-----------------------------------|-----------------|
| Name (Print/Type) | Timothy J. Churba | Registration No. (Attorney/Agent) | 48,340          |
| Signature         |                   | Date                              | August 18, 2003 |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

|                   |  |      |  |
|-------------------|--|------|--|
| Name (Print/Type) |  | Date |  |
| Signature         |  |      |  |

Page 1 of 2

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box RCE, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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RCE/3743  
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| FEE TRANSMITTAL<br><br>[BOX PATENT APPLICATION]   |   | Complete If Known  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|---|---|--|-------------------|--------------------------|--------------|--|----|---|----|---|----|---|----|--|----|---|----|---|----|---|----|--|----|--|----|---|----|---|----|--|----|---|----|--|----|---|----|---|----|---|-----------|
|   |   | Application No.  | 10/077,907        |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   |   | Filing Date  | February 20, 2002 |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   |   | First Named Inventor   | Tomohiro Chiba    |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   |   | Examiner Name  | L. Leo            |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   |   | Group Art Unit   | 3743              |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Total Amount Of Payment   | (\$) 750.00   | Attorney Docket No.  | 018842.1204       |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <b>METHOD OF PAYMENT (check one)</b>  |   | <b>FEE CALCULATION (continued)</b>   |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P.   |   | <b>3. ADDITIONAL FEES</b><br><table border="1"><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td>\$</td></tr><tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td><td>\$</td></tr><tr><td><input type="checkbox"/> Extension for reply with _____ month</td><td>\$</td></tr><tr><td><input type="checkbox"/> Notice of Appeal</td><td>\$</td></tr><tr><td><input type="checkbox"/> Filing Brief in Support of Appeal</td><td>\$</td></tr><tr><td><input type="checkbox"/> Request for Oral Hearing</td><td>\$</td></tr><tr><td><input type="checkbox"/> Utility Issue Fee (or reissue)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Design Issue Fee</td><td>\$</td></tr><tr><td><input type="checkbox"/> Plant Issue Fee</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petitions to Commissioner</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petition to Revive (unavoidable)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petition to Revive (unintentional)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petitions Related to Provisional Applications</td><td>\$</td></tr><tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td>\$</td></tr><tr><td><input type="checkbox"/> Filing Submission After Final Rejection</td><td>\$</td></tr><tr><td><input type="checkbox"/> Recordation of Assignment Document</td><td>\$</td></tr><tr><td><input type="checkbox"/> Filing Request for Reexamination</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) Request for Continued Examination (RCE)</td><td>\$ 750.00</td></tr></tbody></table> |                   | Fee Description          | Fee Paid     | <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input type="checkbox"/> Extension for reply with _____ month | \$ | <input type="checkbox"/> Notice of Appeal | \$ | <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | <input type="checkbox"/> Request for Oral Hearing | \$ | <input type="checkbox"/> Utility Issue Fee (or reissue) | \$ | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petitions to Commissioner | \$ | <input type="checkbox"/> Petition to Revive (unavoidable) | \$ | <input type="checkbox"/> Petition to Revive (unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recordation of Assignment Document | \$ | <input type="checkbox"/> Filing Request for Reexamination | \$ | <input checked="" type="checkbox"/> Other (specify) Request for Continued Examination (RCE) | \$ 750.00 |
| Fee Description   | Fee Paid  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Surcharge - late filing fee or oath  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Extension for reply with _____ month   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Notice of Appeal   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Filing Brief in Support of Appeal  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Request for Oral Hearing   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Utility Issue Fee (or reissue)   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Design Issue Fee   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Plant Issue Fee  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Petitions to Commissioner  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Petition to Revive (unavoidable)   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Petition to Revive (unintentional)   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Petitions Related to Provisional Applications  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Submission of Information Disclosure Statement   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Filing Submission After Final Rejection  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Recordation of Assignment Document   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Filing Request for Reexamination   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input checked="" type="checkbox"/> Other (specify) Request for Continued Examination (RCE)   | \$ 750.00   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to <b>Deposit Account No. 02-0375</b> .  |   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| 2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P., The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400. |   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <b>FEE CALCULATION</b>  |   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| 1. <b>BASIC FILING FEE</b> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   | <table border="1"><thead><tr><th></th><th>Fee Paid</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>\$</td></tr><tr><td>Design Filing Fee</td><td>\$</td></tr><tr><td>Plant Filing Fee</td><td>\$</td></tr><tr><td>Reissue Filing Fee</td><td>\$</td></tr><tr><td>Provisional Filing Fee</td><td>\$</td></tr></tbody></table> |  | Fee Paid          | Utility Filing Fee       | \$           | Design Filing Fee  | \$ | Plant Filing Fee  | \$ | Reissue Filing Fee  | \$ | Provisional Filing Fee                    | \$ |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   | Fee Paid  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Utility Filing Fee  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Design Filing Fee   | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Plant Filing Fee  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Reissue Filing Fee  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Provisional Filing Fee  | \$  |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <b>2. EXTRA CLAIMS FEES</b>   |   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <b>CLAIMS AS AMENDED</b>  |   |  |                   |                          |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| For   | Number Present  | Highest Number Paid For  | Extra             | Rate                     |              | Amount   |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   |   |  |                   | Large Entity             | Small Entity |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| TOTAL CLAIMS  |   | 20   |                   | x \$ 18.00               | x \$ 9.00    | \$0.00   |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| INDEPENDENT CLAIMS  |   | 3  |                   | x \$ 84.00               | x \$ 42.00   | \$0.00   |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| MULTIPLE DEPENDENT CLAIMS   |   |  |                   | \$ 280.00                | \$ 140.00    | \$0.00   |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| <b>TOTAL EXTRA CLAIMS FEES</b>  |   |  |                   |                          |              | \$0.00   |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| SUBMITTED BY  |   |  |                   | Complete (if applicable) |              |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Typed or Printed Name   | Timothy J. Churna   |  |                   | Registration No.         | 48,340       |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
| Signature   |   |  |                   | Date                     | 08/18/03     |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |
|   |   |  |                   | Deposit Account User ID  | 02-0375      |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |  |    |   |    |   |    |  |    |   |    |  |    |   |    |   |    |   |           |

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